CLAIMS ONLY								Application Number Filing Date Applican (s) Filing Date							
						May be used for additional claims or amendments									
CLAIMS								* * *							
			AMEN	DMENT	AMEN	DMENT		ļ							
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend	
1 2		7						51 52							
3								53							
4								54							
5								55					<u> </u>		
6								56 57							
7 8	—							58					· · · · ·		
9					—			59							
10								60							
11		\Box						61							
. 12	ļ							62 63				 			
13 14					 			64				 			
15	 	-			 			65							
16								66							
17								67							
18								68 69							
19 20								70							
21	-7-							71					<u> </u>		
22		1						72							
23								· 73					ļ		
24					<u> </u>			74				ļ			
25 26		<u> </u>						75 76							
27		 - 			 	-		77				-			
28	7	·						78							
29								79							
30						<u> </u>		80					<u> </u>	ļ	
31	 			l	ļ			81 82					 		
32 33	┝┼	1		ļ				83		 	-		 		
34	 				 			84							
35								85							
36								86		ļ				 	
37		ļ	<u> </u>		 	<u> </u>		87 88				 	 		
38 39		 		 		 		89		 	 	 		·	
40		 		l				90							
41								91							
42		ļ						92				 			
43				 				93 94		ļ		 	 	 	
44 45	 	 			-			95		 		 	!	 	
46	\vdash	 			-			96							
47								97							
48								98			ļ	<u> </u>	1		
49	ļ		 	<u> </u>				99 100		-	ļ	 	1	 	
50		-		 				Total		 	 	 	 	 	
Total Indep	18		l		'	11		Indep]	<u> </u>	J I] [
Total	01	<u>; </u>		لــا	—	il l		Total	■		—	ī–	— ■		
Depend	لطها			,				Depend	ļ				 -	T	
Total Claims	34		 _					Total Claims					<u> </u>		